

Printed Name: Loretta Hickman

Capacity/Title: VP of Operations

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

CERTIFICATE OF  ASSUMED BUSINESS  Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Business  Please type or print legibly.  NOTE: See instructions on reverse before the submits of the submits for filing a certificate of Assumed Business  Please type or print legibly.	ness Name.
The assumed business name which the under business is:	signed use(s) in the transaction of
Phase One Marketing	
2. The true name(s) and business address(es) of business under the assumed business name:  Name  Malvern Marketing, LLC 20  Malvern Marketing, LLC 20	the entity or individual(s) doing  Complete Address  Moores Road  Vern, PA 19355
3. The general type of business transacted under	the assumed business name is:
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson
Phase One Marketing 6 E Clementon Road Suite Bl	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Gibbshoro, NJ 08026  5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only

IDAHO SECRETARY OF STATE

12/22/2003 05:00

CK: 1152 CT: 175177 BH: 718912
1 0 25.00 = 25.00 ASSUM NAME # 2

D71601